U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 5590/	2. Fiscal Year Covered From:		
	1/1/2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DAULD B BILLY	Name INTERNATIONAL ASSICIATION OF FINE FIGHTERS		
	Labor Organization File Number 000 0 - 317		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1750 NEW YORK AVENUE, N.W.	Street 1750 NEW YORK AVENUE, N.W.		
City WASHINGTON	City WASHING PON		
State DISTRICT OF COLUMBIA ZIP Code + 4 20106.53	State DISTANT-04 Columbia ZIP Code + 4 20006 . 5395		
5. Position in labor organization. POLITICAL DIRECTOR			
Enter appropriate data below If, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following interests		
(except as specified in the ex	xclusions set forth in the instructions):		
 A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize 	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	A STATE OF THE STA		
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Trade Name, if any:	1 1 1		
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P.O. Box, Bldg., Room No., if any	7.b. Amount.		
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P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.b. Amount.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty	signature of Perjury and other applicable penalties of the law, that all of the information applied documents) has been examined by the signatory and is to the heat of the		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	signature of Perjury and other applicable penalties of the law, that all of the information anying documents) has been examined by the signatory and is, to the best of the		

Name of Person Filing DAULD B. BILLY	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name KEUIN MACK	in many		
Trade Name, if any: WINNING DIACTIONS	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Suite 540	c. Employer		
Street 2700 S. QUINCY STREET,	C. S. Empoys.		
City ARLINGTON ZIP Code +4 22206			
State			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	CMMM from made from the CMM of th	
Name	BINGET MAIL) deliver	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	STATE DYNAMICS AND	CONT. OWNER PORT	
Street to the state of the stat	11.b. Approximate dollar value of such dealing.	\$ 539,477	
City (12.a. Nature of interest held or income received		
State ZIP Code + 4	FLEECE SACKET	The second secon	
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	вотемента на полителните в по	er till at storik kilde kilde kilde som er å til å å å til en å å å å å å å å å å å å å å å å å å	
C. Received from any employer (other than an employer covered under	er parts A and B above)	The second of th	
or from any labor relations consultant to an employer any payment of money			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	mma kale subbasie werdmins in Nava wern nakwawe an waa substitute and de	
Name	AMERICA AMERIC	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Trade Name, if any:	Company of the Compan		
P.O. Box, Bldg., Room No., if any		Crimate option ()	
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State ZIP Code + 4			

Name of Person Filling DAUD B. BILLY	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name MARTY SONNENBELC				
Trade Name, if any: SUN MOUNTAIN	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 1639 K STILLETS N.W.	() o. ciripioyer			
City WASHING FAN				
State // ZIP Code + 4 2000 6				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and the second of the second o		
Name	VIDEO PRODUCTION	e desire		
Trade Name, if any:	Mary Commonwealth	1. The second se		
P.O. Box, Bldg., Room No., if any		Ar or a reliable		
Street	11.b. Approximate dollar value of such dealing.	\$ 359, 634		
City '	12.a. Nature of interest held or income received.			
State ZIP Code + 4	FLEECE JACKET			
	SERVICE CONTROL OF THE CONTROL OF TH			
	12.b. Amount.	27.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	iii		
Name		9 6		
Trade Name, if any:		No. Color		
P.O. Box, Bldg., Room No., if any		contracts to the con-		
Street		To any and a second of the sec		
City		TO A CONTRACT OF THE PARTY OF T		
State ZIP Code + 4	Section contact the contact surple to contact surple to contact such that the contact surple to contact such that su	Ammente and the control of the contr		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The state of the s		